



DATE: \_\_\_\_\_ LOC. TRANSPORTED FROM \_\_\_\_\_

SPECIES: \_\_\_\_\_ M / F (CIRCLE ONE)

NAME OF HUNTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TO: WADE WRIGHT/MEL SIEFKE OF EAGLE RIVER EXPEDITING

18743 OLD GLENN HWY #B, CHUGIAK, AK 99567 MEL (406) 270-0006, WADE (406) 253-3537

DATE OF DROP OFF: \_\_\_\_/\_\_\_\_/\_\_\_\_

HUNTING LICENSE: \_\_\_\_\_

HUNTER SIGNATURE \_\_\_\_\_

GUIDE/OUTFITTER NAME: \_\_\_\_\_

GUIDE/OUTFITTER LICENSE #: \_\_\_\_\_

MANAGEMENT UNIT: \_\_\_\_\_

REGION: \_\_\_\_\_

AREA: \_\_\_\_\_

SPECIAL INSTRUCTIONS: